

Moreover, the GAO estimate is likely just the tip of the iceberg, since 32 States—including the five States with the largest populations of children—did not provide the GAO with any data.

There have been other studies indicating that the custody relinquishment problem is pervasive. In 1999, the National Alliance for the Mentally Ill released a survey which found that 23 percent—or one in four of the parents surveyed—had been told by public officials that they needed to relinquish custody of their children to get care, and that one in five of these families had done so.

While some States have passed laws to limit or prohibit custody relinquishment, simply banning the practice is not a solution, since it can leave mentally ill children and their families without services and care. Custody relinquishment is merely a symptom of the much larger problem, which is the lack of available, affordable and appropriate mental health services and support systems for these children and their families.

In July, I chaired a series of hearings in the Committee on Governmental Affairs to examine the difficult challenges faced by families of children with mental illnesses. We heard compelling testimony from families who told the Committee about their personal struggles to get mental health services for their severely ill children. The mothers who testified told us they were advised that the only way to get the intensive care and services that their children needed was to relinquish custody and place them in the child welfare system. This is a wrenching decision that no family should be forced to make. No parent should have to give up custody of his or her child just to get the services that the child needs.

The legislation that we are introducing today was developed in response to concerns raised by both the GAO report and in the Governmental Affairs Committee hearings.

First, the legislation authorizes \$55 million for competitive grants to States that would be payable over six years to create an infrastructure to support and sustain statewide systems of care to serve children who are in custody or at risk of entering custody of the State for the purpose of receiving mental health services. These grants are intended to help states serve these children more effectively and efficiently, while keeping them at home with their families.

States would use funds from these Family Support Grants to foster inter-agency cooperation and cross-system financing among the various State agencies with responsibilities for serving children with mental health needs. The funds would also support the purchase and delivery of a comprehensive array of community-based mental health and family support services for children who are in custody, or at risk of entering into the custody of the State for the purpose of receiving men-

tal health services. This will allow States, which already dedicate significant dollars to serving children in state custody, to use those resources more efficiently by delivering care to children while allowing them to remain with their families.

In response to recommendation made by the GAO report, the Keeping Families Together Act will also establish a Federal interagency task force to examine mental health issues in the child welfare and juvenile justice systems and the role of their agencies in promoting access by children and youth to mental health services.

And finally, the legislation will remove a current statutory barrier that prevents more states from using the Medicaid home and community-based services waiver to serve children with serious mental health conditions. The Medicaid home and community-based services waiver is a promising way for States to reduce the incidence of custody relinquishment and address the underlying lack of mental health services for children. While a number of States have requested these waivers to serve children with developmental disabilities, to date very few have done so for children with serious mental health conditions. That is because, under current law, States can only offer home- and community-based services under these waivers as an alternative to care in hospitals, nursing facilities, or intermediate care facilities for the mentally retarded. Our legislation will correct this omission and provide parity to children with mental illness by including inpatient psychiatric hospitals and residential treatment facilities on the list of institutions for which alternative care through the Medicaid home- and community-based services waivers may be available.

The legislation we are introducing today will help to reduce the barriers to care for children who suffer from mental illness and will assist States in eliminating the practice of parents relinquishing custody of their children to State agencies solely for the purpose of securing mental health services.

Our legislation has been endorsed by a number of mental health and children's groups including the National Alliance for the Mentally Ill, the Federation of Families for Children's Mental Health, the National Child Welfare League, the Bazelon Center, the Children's Defense Fund, and the National Mental Health Association. I urge all of my colleagues to join us as cosponsors.

By Mr. KENNEDY (for himself, Mr. JEFFORDS, Mr. CHAFEE, Mr. LIEBERMAN, Mr. AKAKA, Mr. BAUCUS, Mr. BAYH, Mr. BIDEN, Mr. BINGAMAN, Mrs. BOXER, Mr. BREAUX, Ms. CANTWELL, Mr. CARPER, Mrs. CLINTON, Ms. COLLINS, Mr. CORZINE, Mr. DASCHLE, Mr. DAYTON, Mr. DODD, Mr. DORGAN, Mr. DURBIN, Mr. EDWARDS, Mr. FEINGOLD,

Mrs. FEINSTEIN, Mr. GRAHAM of Florida, Mr. HARKIN, Mr. INOUE, Mr. KERRY, Mr. KOHL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Ms. MIKULSKI, Mrs. MURRAY, Mr. NELSON of Florida, Mr. REED, Mr. REID, Mr. SARBANES, Mr. SCHUMER, Mr. SMITH, Mr. SPECTER, Ms. STABENOW, and Mr. WYDEN):

S. 1705. A bill to prohibit employment discrimination on the basis of sexual orientation; to the Committee on Health, Education, Labor, and Pensions.

Mr. KENNEDY. Mr. President, it's a privilege to join my colleagues in introducing the Employment Non-Discrimination Act of 2003.

Civil rights is the unfinished business of our nation. Title VII of the Civil Rights Act of 1964 gives all Americans—without regard to race, ethnic background, gender, or religion—the opportunity to obtain and keep a job. The Employment Non-Discrimination Act is an essential additional step in preventing job discrimination.

The act is straightforward and limited. It prohibits discrimination based on sexual orientation in making decisions about hiring, firing, promotion, and compensation. It makes clear that there is no right to preferential treatment, and that quotas are prohibited. It does not apply to employers with less than 15 employees. It does not apply to the armed forces, religious organizations, or such volunteer positions as troop leaders in the Boy Scouts or Girl Scouts.

In fact, this fundamental additional protection for America's workforce is long overdue. Too many hardworking Americans are being judged on their sexual orientation, rather than their ability and qualifications.

Consider the example of Kendall Hamilton in Oklahoma City. After working at Red Lobster for several years and receiving excellent reviews, he applied for promotion at the urging of the general manager, who knew he was gay. His application was rejected after a co-worker revealed his sexual orientation to the upper management team, and the promotion was given instead to another employee who had been on the job for only 9 months—and whom Mr. Hamilton had trained. He was told that his sexual orientation "was not compatible with Red Lobster's belief in family values," and that being gay had destroyed any chance of becoming a manager. As a result, Hamilton left the company.

Consider the example of Steve Morrison, a firefighter in Oregon. His co-workers saw him on the local news protesting an anti-gay initiative, and incorrectly assumed he was gay himself. He began to lose workplace responsibilities and was the victim of harassment, including hate mail. After a long administrative proceeding, the trumped-up charges were removed from his record, and he was transferred to another fire station.